

## Foster Family Home - Corrective Action Report

Provider ID: 2-160049

Home Name: Wendy Anches, CNA

Review ID: 2-160049-5

1263 Puhau Street

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 6/6/2019

Foster Family Home Required Certificate

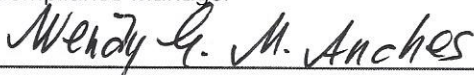
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

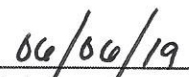
Comment:

Home inspection performed to recertify three client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date